



Stephanie Rawlings-Blake
Mayor

CITY OF BALTIMORE

LEPC

**LOCAL EMERGENCY
PLANNING COMMITTEE**



Robert Maloney
Deputy Mayor

Thursday, December 11, 2014

1:00 PM– 4:00 PM

LEPC Quarterly Meeting



**American
Red Cross**

Welcoming Remarks

Chris Young

Regional Disaster Officer

American Red Cross of the Chesapeake Region

Connor Scott

Deputy Director

Mayor's Office of Emergency Management

Government Report

Baltimore City Protests



OEM RESPONSES

OEM Responses

- 258 S. Dallas St.- Natural Gas Leak
- 16 S. Patterson Park Ave. – Dwelling Fire
- 508 N. Howard St. – Building Fire
- 2202 Aisquith St.- Building Fire /5 Alarms
- 702 Nottingham Rd.- Building Fire
- 2400 Blk. Fleet St.- Natural Gas Leak
- 2701 Jenner Dr.- Working Fire

OEM Responses

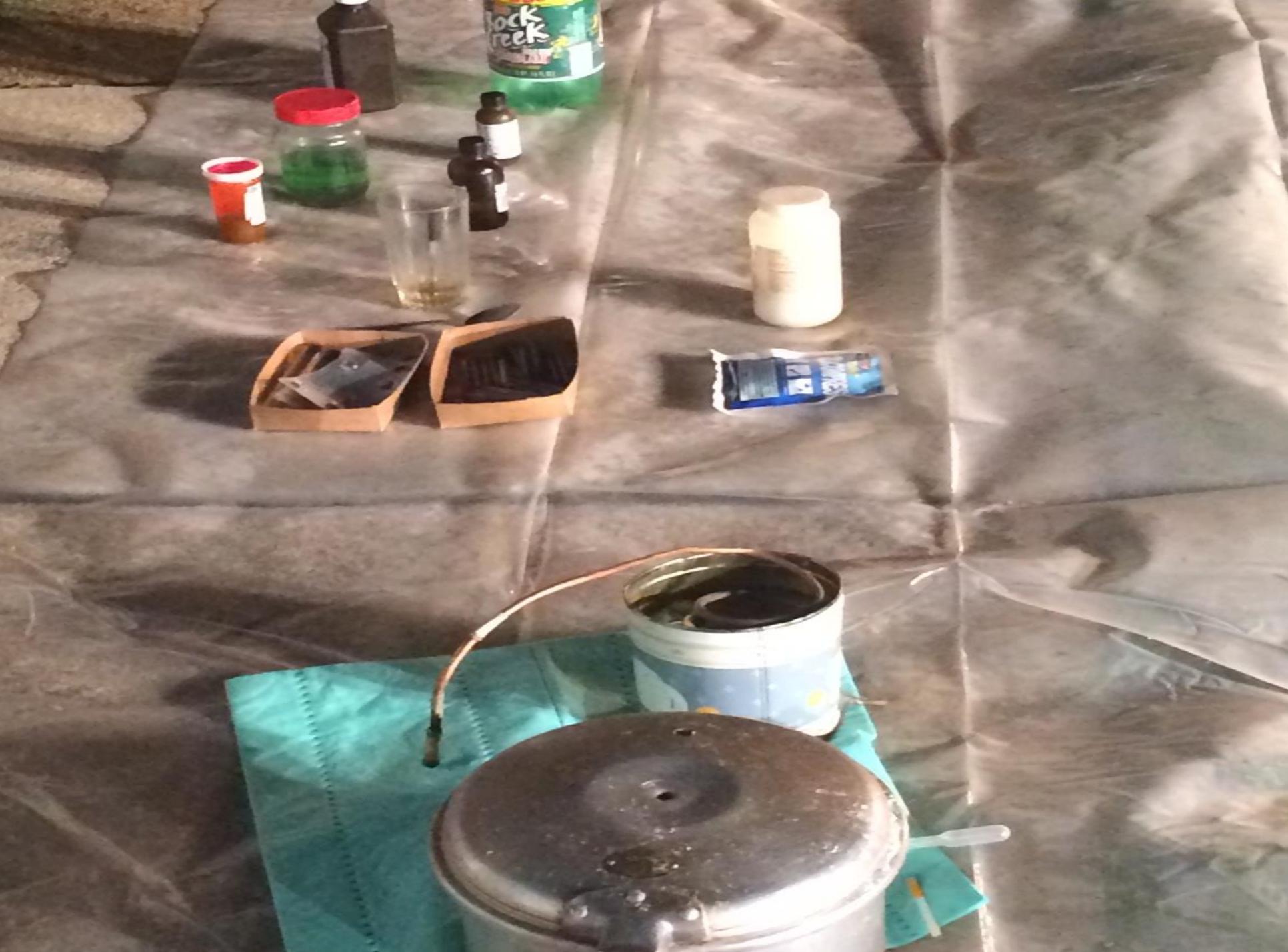
- 4113 Loch Raven Blvd.- Church Fire
- 3407 Woodbrook Ave.- Building Fire
- 4718 Greenspring Ave.- Apartment Fire
- 470 Oxford Ct. – Working Fire
- 1928 Ramsay St. – Building Collapse

Hazmat Runs

- 6100 E. Pratt St. - HMBOX
- 6 E. Read St- HMBOX
- 4201 Patterson Av.-HMTAC
- 6 St. Paul St.- BIO
- 300 W. Camden St-BIO401 E. Pratt St.-HMBOX
- 229 S. Madeira St- HMTAC

942 Jack St. Meth Lab





Rock Creek
BOTTLED WATER

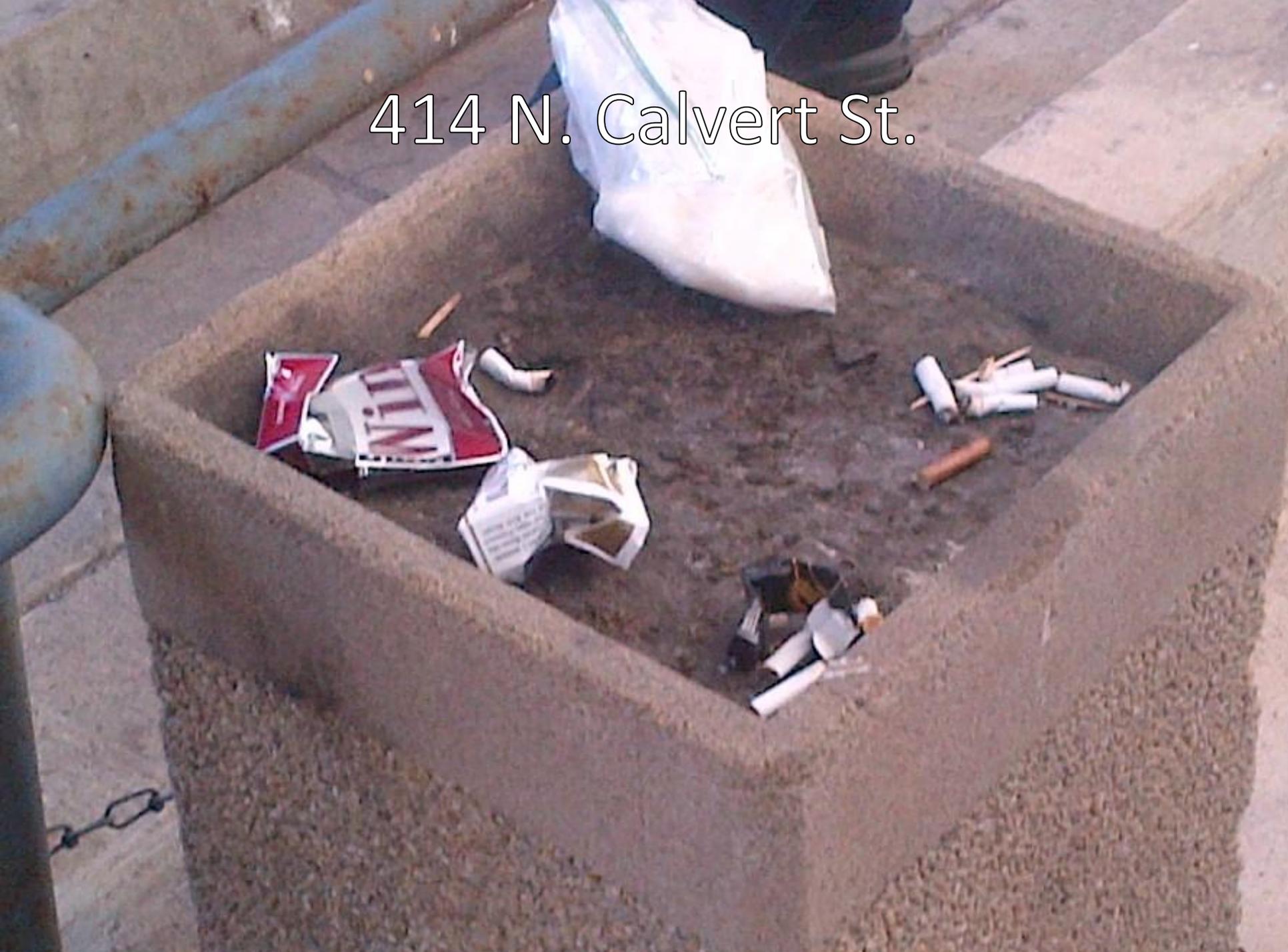
100

100

100



414 N. Calvert St.





405 S. Paca St.







Questions?

- Email:

Anthony.Smith@baltimorecity.gov

Mayor's Office of Emergency Management

Samuel Johnson

Regional Training and Exercise Coordinator

Mayor's Office of Emergency Management

3500 W. Northern Parkway

Baltimore, Maryland 21215

410-396-1767

410-598-0500

samuel_johnson@baltimorecity.gov

MOEM Trainings & Exercises

Purpose of Trainings and Exercises:

- Increase interagency participation to build relationships
- Provide classroom and practical learning opportunities
- Test and enhance City Preparedness

MOEM Trainings & Exercises

Course	Date	# Registered	# Attended
G191 ICS/EOC Interface	10/1/2014	35	30
ICS300 Intermediate ICS for Expanding Incidents	10/13/14-10/15/14	37	29
ICS400 Advanced ICS for Command and General Staff	10/15/14-10/16/14	32	23
G557 Rapid Needs Assessment	10/27/2014	22	14
G110 Emergency Management Operations Course	11/12/14-11/14/14	15	8
G108 Community Mass Care	12/9/14-12/10/14		
G393 Mitigation for Emergency Managers	12/16/14-12/18/14		
G202 Debris Management Planning	1/20/15-1/22/15		
G386 Mass Fatalities Incident Course	2/17/15-2/19/15		
G361 Flood Fight Operations	3/17/15-3/18/15		
G235 Emergency Planning Course	4/14/15-4/15/15		
G272 Warning Coordination	5/19/15-5/20/15		
Exercises/Seminars			
Army vs. Navy Tabletop	11/3/2014	94	
Continuity of Operations seminar	11/19/2014	57	33
Active Assailant seminar	11/20/2014	969	718
Sam Smith: Lessons in Leadership	9/4/2014	31	16
	10/9/2014	34	17

Baltimore Urban Area Security Initiative

2014 – 2015 Training Schedule

Below is the Baltimore Urban Area Security Initiative Training Schedule for 2014-2015. These courses will be held at the **Public Safety Training Facility located at 3500 W. Northern Parkway Baltimore, Maryland 21215** on the below listed dates and times. All classes have been entered into the Maryland Emergency Management Agency Active Learning and Exercises calendar. Directions on how to register for courses listed below:

Course	Date	Location
G393 Mitigation for Emergency Managers	December 16-18, 2014	Baltimore City Training Academy
G191 ICS/EOC Interface	October 1, 2014	Baltimore City Training Academy
ICS300 Intermediate ICS for Expanding Incidents	October 13-15, 2014 (2 ½ days)	Baltimore City Training Academy
ICS400 Advanced ICS for Command and General Staff	October 15-16, 2014 (1 ½ Days)	Baltimore City Training Academy
G557 Rapid Needs Assessment	October 27, 2014	Baltimore City Training Academy
G110 Emergency Management Operations Course	November 12-14, 2014	Baltimore City Training Academy
G108 Community Mass Care	December 09-10, 2014	Baltimore City Training Academy
G202 Debris Management Planning	January 20-22, 2015	Baltimore City Training Academy
G386 Mass Fatalities Incident Course	February 17-19, 2015	Carroll County EOC 290 S. Center St. Westminster, MD 21157
G361 Flood Fight Operations	March 17-18, 2015	Baltimore City Training Academy
G235 Emergency Planning Course	April 14-15, 2015	Baltimore City Training Academy
G272 Warning Coordination	May 19-20, 2015	Baltimore City Training Academy

Questions?

Contact Information:

Samuel Johnson

410-396-1767

410-598-0500

samuel_johnson@baltimorecity.gov

BALTIMORE PUBLIC SAFETY INITIATIVES 2014



- Site Selection
- Community Engagement
- Inspections Week
- Operations Week – from an Ops Center in the community
- Special Events
- Community Resource Fair

Components of the PSI Model



DK Role	Indicator	Madison Monument April	Lower Park Heights June	Westside BioPark August	Barclay Gr. East October	TOTALS
Team Leader or Dep. Leader	# of Doors Knocked	2,688	2,440	2,161	2,552	9,841
Team Leader or Dep. Leader	# of Door Opened	916	677	639	941	3,173
	Response Rate	34%	27%	30%	37%	32%



DK Role	Indicator	Madison Monument April	Lower Park Heights June	Westside BioPark August	Barclay Gr. East October	TOTALS
BCFD	# of Alarms Installed	302	347	115	279	1,043
BCFD	# of Rec'd. Safety Literature	251	623	457	791	2,122
BCFD	# of Safety Inspections	251	428	206	332	1,217
BCFD	# of Pressure Screenings	118	111	191	172	592



DK Role	Indicator	Madison Monument April	Lower Park Heights June	Westside BioPark August	Barclay Gr. East October	TOTALS
CAP Staff	# of Referrals to CAP/L.I.G.H.T. Program	846	518	474	50	1,888
CAP Staff	# of Names for Follow Up	nt*	33	61	75	169



DK Role	Indicator	Madison Monument April	Lower Park Heights June	Westside BioPark August	Barclay Gr. East October	TOTALS
Red Cross - Mental Health	# of Offers of Referral	na	1	3	5	9
Red Cross - Mental Health	Info. Distributed	na	223	139	387	749
Red Cross	Door hangers distributed	na	na	na	1,048	1,048



DK Role	Indicator	Madison Monument April	Lower Park Heights June	Westside BioPark August	Barclay Gr. East October	TOTALS
BHSB	Hotline Referrals	234	234	417	509	1,394
BHSB	Outpatient Referrals	6	6	22	6	40
BHSB	Inpatient Referrals	3	1	7	5	16
BHSB	Total into Recovery	9	7	29	11	56



DK Role	Indicator	Madison Monument April	Lower Park Heights June	Westside BioPark August	Barclay Gr. East October	TOTALS
Resource Fair Attendance		74	98	334	61	567

Questions?

- Email:

Kevin.cleary@baltimorecity.gov

Citizens and Community Reports

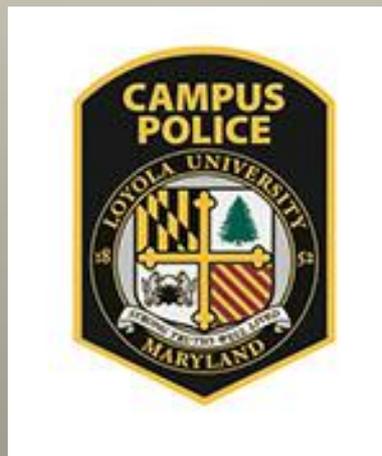
Community Emergency Response Team



Department of Homeland Security
Emergency Preparedness and Response Directorate
FEMA

Baltimore City CERT Status Update

Setting Up a Campus CERT



Loyola University of Maryland Community Emergency Response Team

- During the summer, MOEM sponsored Loyola's #2 in their Public Safety Program, a retired Baltimore City Police Officer, to receive Training-the-Trainer training at the Emergency Management Institute in Emmitsburg, MD
- Major Kapfhammer was joined by a member of his staff who is also a volunteer firefighter in Baltimore County
- CERT training held in the Loyola Public Safety Facility on the weekend of Nov, 7, 8 & 9

Loyola University of Maryland CERT

**Building the tower....Construction paper,
tape, scissors, cardboard...**

**In 10 minutes – 5 minutes to plan, 5
minutes to erect the tower**



Team A



Team B

Loyola University of Maryland CERT

Light Search & Rescue – learning about
cribbing



Loyola CERT Team getting ready to start
their SAR Exercise

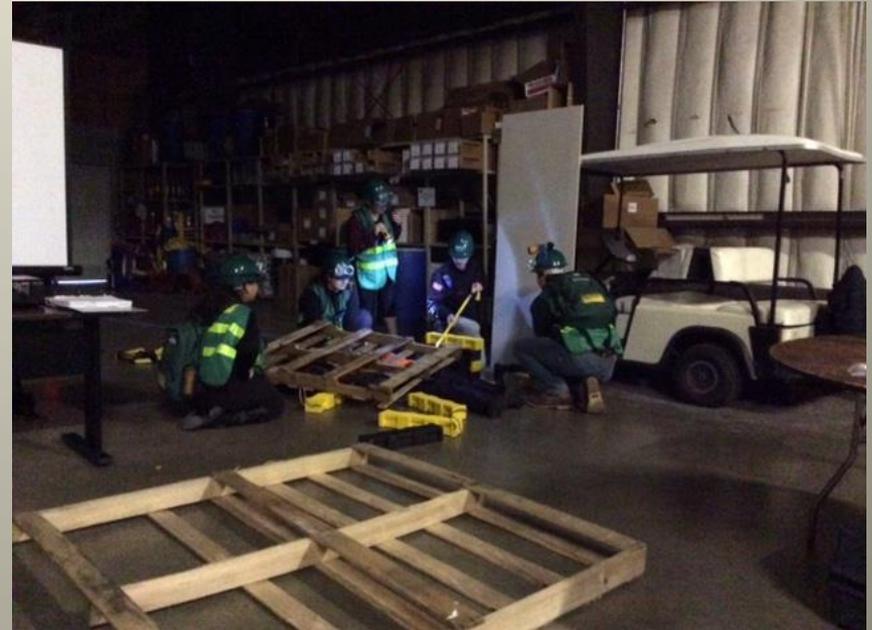


Loyola University of Maryland CERT

Conducting a CERT Size-Up



Freeing the trapped dummy



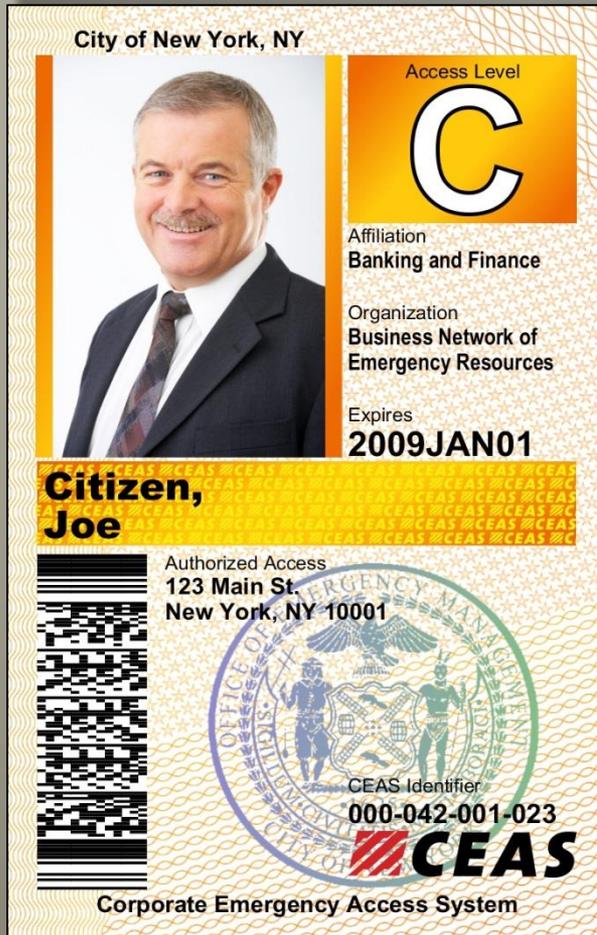
PRIVATE SECTOR REPORT

The Corporate Emergency Access System, Your Tool Post Event Re-Entry



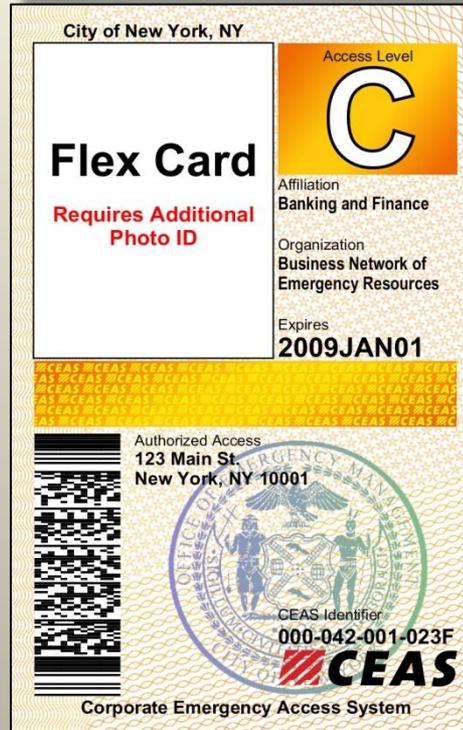
CEAS CARDS TYPES

STANDARD CARD



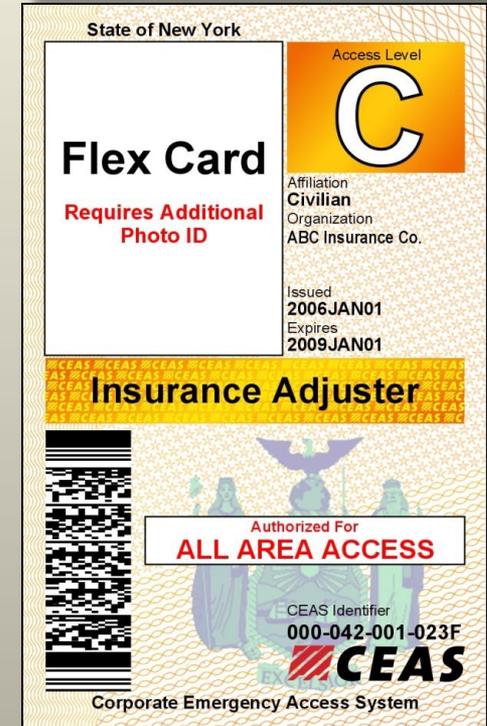
- Photo ID
- Address Specific
- Organization Specific

FLEX CARD



- No photograph
- Address Specific
- Organization specific
- MUST be accompanied by another form of government or company issued photo ID

INSURANCE ADJUSTER CARD



- Companies vetted by the NYS Department of Financial Services (NYDFS)
- Issued at the time of an event. All Area Access designation based on location uncertainty
- Must carry additional company based ID

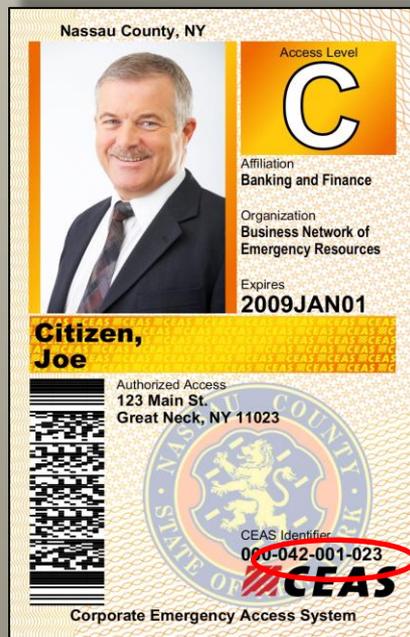
VERIFICATION

- Visual Inspection
- Phone/Radio Verification
- Electronic Field Verification (using the CEAS Smartphone App)



PHONE/RADIO VERIFICATION

Police radio dispatchers can verify a CEAS Cards by its “CEAS Identifier” number radioed in from the field using a web based, desktop application that can be found on the CEAS website.



By Radio Dispatch



Or through
BNET Support



CEAS Identifier numbers can also be verified by phone at
CEAS Support: 888-353-2638

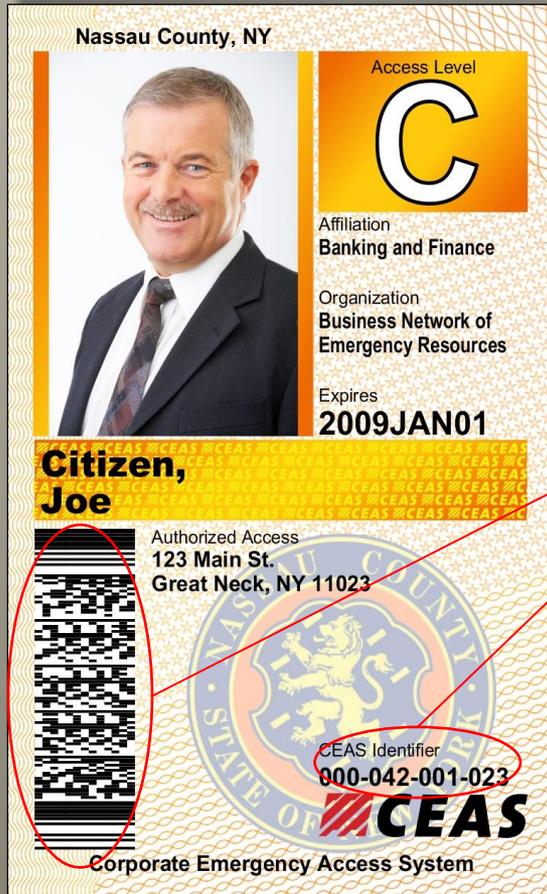
ELECTRONIC VERIFICATION

CEAS Cards can be verified Electronically by:

- **Desk top, laptop** (manual entry)
- **iPhone or Android based (PDA)** (manual entry or by downloadable app using the camera feature)
- **Tablet** (manual entry or by downloadable app using the camera feature)



ELECTRONIC VERIFICATION



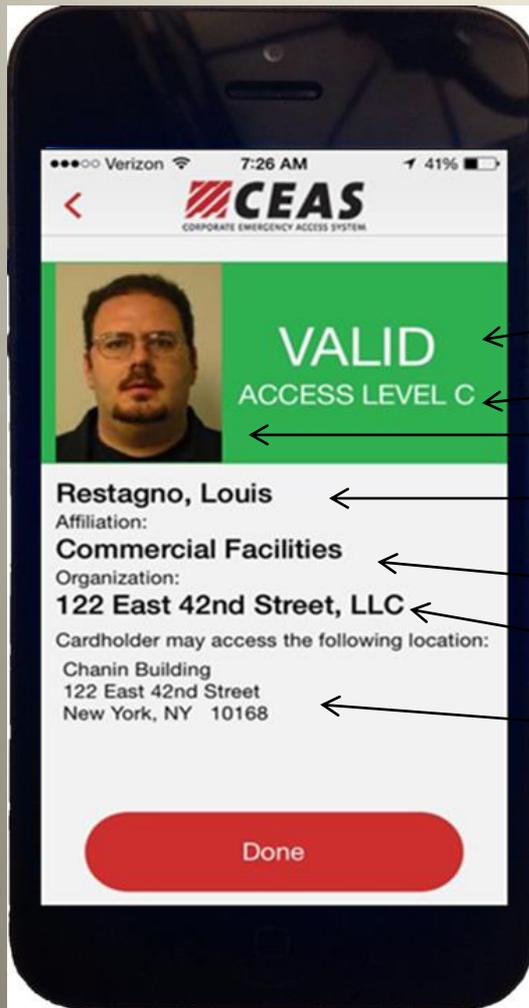
These applications connect directly to the CEAS live database to verify the authenticity of a card, using the camera feature on the device to scan the card's bar code



ELECTRONIC VERIFICATION

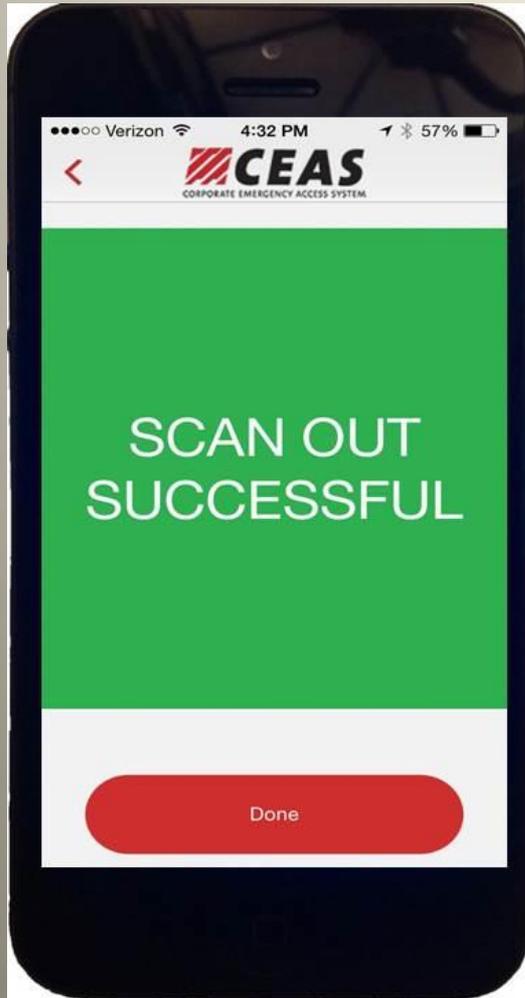
Scan In - Verification

The information on the screen should correspond with the individual presenting the card.



1. Card Status
2. Access Level
3. Cardholder Image
4. Name
5. Affiliation (Business Sector)
6. Organization (Company)
7. Location(s) cardholder may access
8. Multi-Facility cards will show more than one facility the cardholder is permitted to access. Additional facilities may be viewable below by scrolling down from this screen

“Scanning Out” a CEAS card



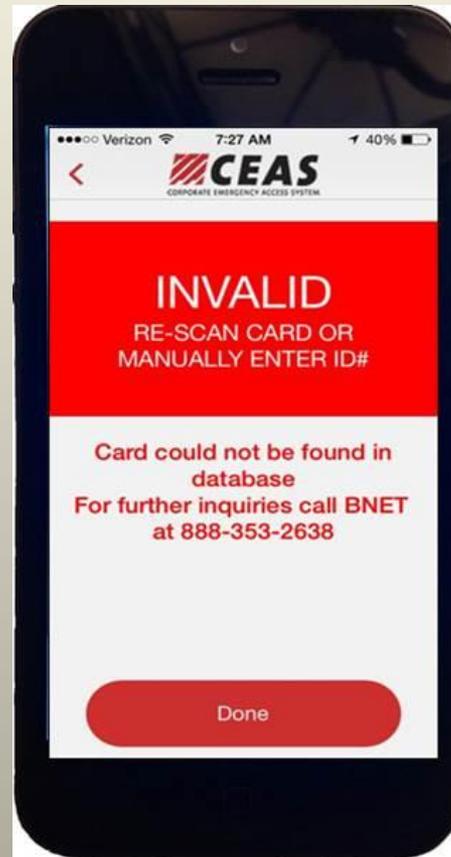
In situations where it is necessary to scan cardholders leaving of an area, the Scan-out” function can be utilized to record these transactions:

1. From the home screen, touch the “Scan out access card” button
2. The camera scanning screen will open
3. Hold the card about 8” from the device’s camera, align the bar code with the cross hairs and allow the camera to focus
4. This screen (left) will confirm that the cardholder has exited from the restricted area

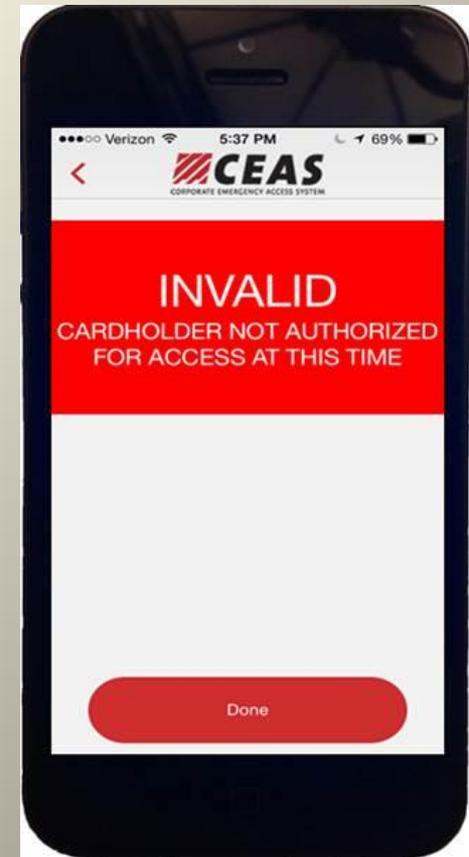
Invalid Card Responses



This screen will appear if the presented card has expired. Officer should confiscate card and deny access.

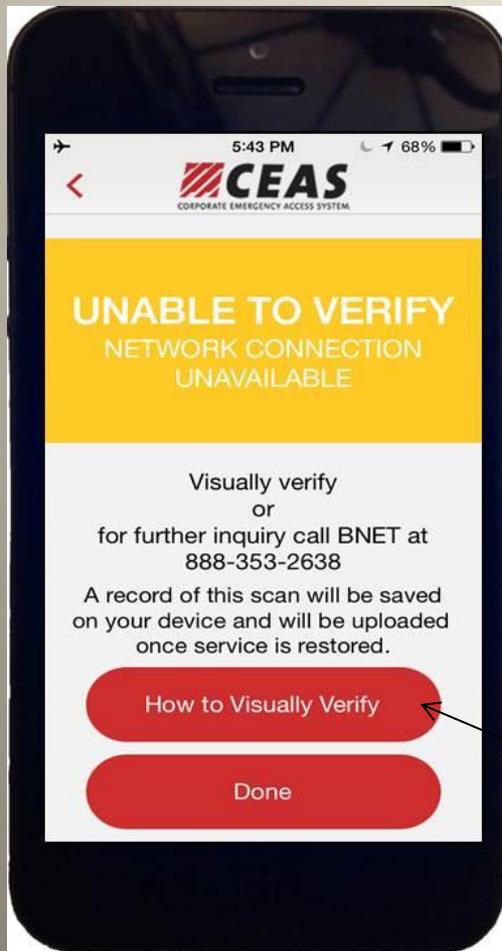


This screen will appear if the card has not scanned properly, been revoked or tampered with. If after rescanning and/or manually entering identifier the card still comes up invalid, confiscate card, deny access and contact BNET



This screen will appear if the cardholder's access location does not correspond with the event (has no facilities in the restricted area) or CEAS has not been activated. Access should be denied

Validating a CEAS Card Without a Data Connection



If there is no data connection available, the CEAS App will store the scanned card information and automatically upload it to the server when a connection is re-established.

1. Officer should visually inspect cards for validity (expiration, security features, identity, access location) before permitting access
2. The “How to Visually Verify” button will open a help screen and provide steps for visual verification



Stephanie Rawlings-Blake
Mayor

CITY OF BALTIMORE

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**LOCAL EMERGENCY
PLANNING COMMITTEE**



Robert Maloney
Deputy Mayor

BREAK

2:20 – 2:30

Ebola Preparedness Panel

Michael Mannozi – Emergency Operations
Manager, DHMH

Meghan Stepanek – Director of Public Health
Preparedness and Response, BCHD

James Matz – Battalion Chief EMS, BCFD

Kimberly Staton – Infection Control Officer, BCFD

Dr. Brian Garibaldi – Associate Medical Director,
Osler 8 Biocontainment Unit, JHH

Ebola Virus Disease - Overview

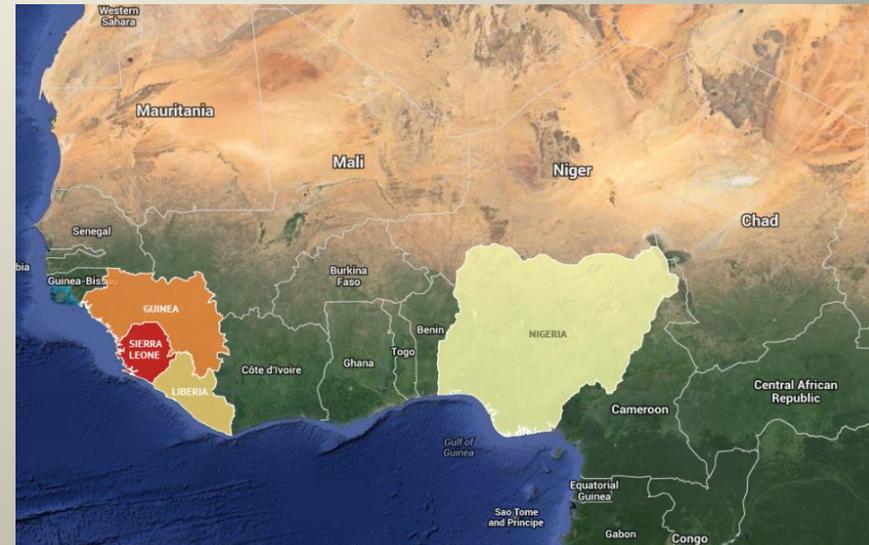
- Rare and deadly disease caused by a family of viruses
- Discovered in 1976 near the Ebola River in the DRC
- Can be found in several African countries, sporadic outbreaks
- Host reservoir believed to be bats

Transmission in Humans:

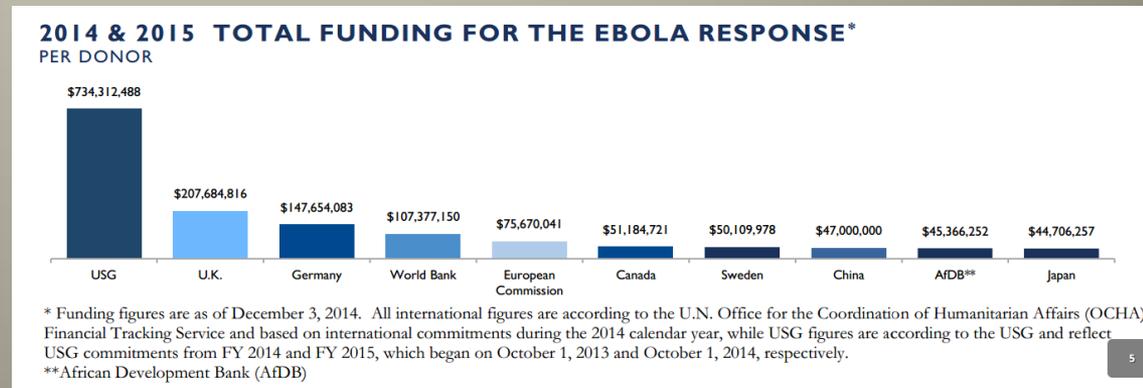
- Highly **infectious** but not very **contagious**
 - Only a few viruses can cause the disease
 - Direct contact of infected blood or body fluids with broken skin or mucous membranes
- NOT spread through air, water, or food
 - Droplets can travel through the air; however this is not considered “airborne” as the virus itself cannot survive in the air
- Healthcare providers are at greatest risk

Ebola Virus Disease – Current Outbreak

- Largest in history
- Began in Guinea in December, 2013
- Currently Widespread:
 - Guinea, Liberia, Sierra Leone
- Limited:
 - Mali
- Previous cases:
 - US, Nigeria, Senegal, Spain



- 18,059 reported cases with 6,809 reported deaths; true numbers may be up to 3 times higher
- Approx. 700 new cases/week
- 60% case fatality rate
- Global response

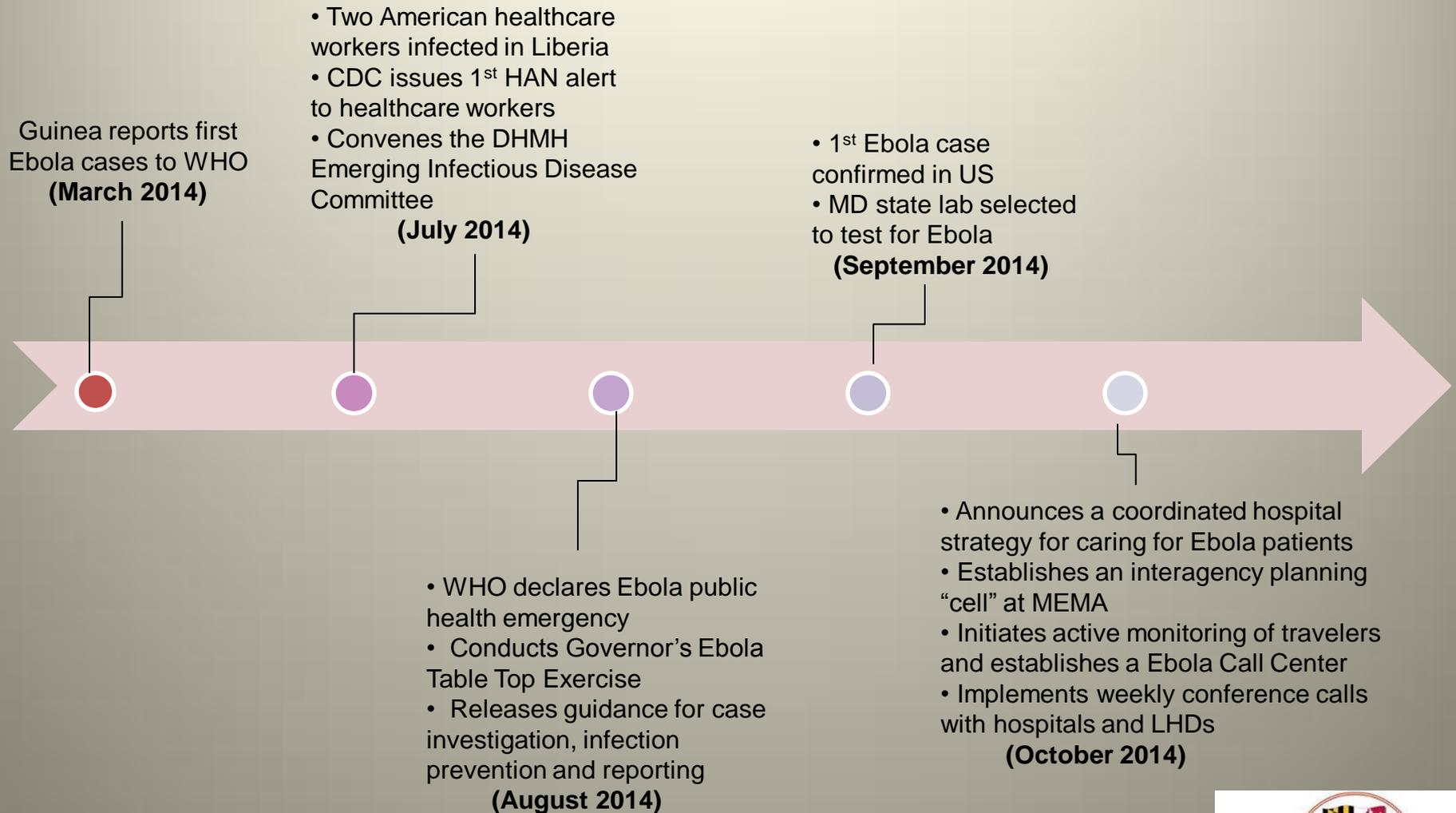




Maryland State
Ebola Virus Disease (EVD)
Operations Update
December 11, 2014

Department of Health and Mental
Hygiene

Maryland 2014 Ebola Activities



Maryland 2014 Ebola Activities

Planning Workgroups

- Weekly Emerging Infectious Diseases Committee
 - Established April/May 2014
- Weekly Senior Policy Group (DHMH, MEMA, GOHS, MIEMSS)
- Weekly Operations Group (DHMH, MEMA, MIEMSS)
- Regional coordination with SHOs through COG

Information Sharing

- Governor's Reports
- National Conference Calls – ASTHO, CDC, ASPR, FEMA

Maryland 2014 Ebola Activities

DHMH Infectious Disease Epidemiology and Outbreak Response Team

- Led by State Epidemiologist
- Develops statewide Ebola guidance for clinicians and local public health
- Available 24/7 to provide technical consultation for Ebola testing
- Coordinates with the CDC Division of Global Migration and Quarantine to track travelers from affected countries

Maryland 2014 Ebola Activities

Interagency Ebola Planning Cell

- Coordinated by the Maryland Emergency Management Agency (MEMA)
- Development of the State of Maryland Ebola Strategy
- State agency representatives include:

DHMH	MDOT
MDE	GOCI
DGS	DHR
DMIL	MSP
MIEMSS	MEMA

Maryland 2014 Ebola Activities

OUTREACH (on-going guidance updates)

- Ongoing Conference Calls
 - Local Health Departments
 - Infectious Diseases Practitioners
 - Maryland Hospitals (MHA)
 - EMS Agencies
- Weekly Disease Situation Reports

Maryland 2014 Ebola Activities

OUTREACH (on-going guidance updates)

- Clinician Letters
- HAN Alerts/Advisories
- Home Care Association Emergency Network
- Updated Webpage including FAQs
- Twitter Feeds
- Meetings with African Diaspora

Maryland 2014 Ebola Activities

OUTREACH (on-going guidance updates)

- Guidance for schools
- Guidance for Correctional facilities
- Employee information
- Press Conferences led by Governor
- Clinical consultation for providers
- PH Laboratory cleared to test for Ebola (in first 13 certified)

Maryland 2014 Ebola Activities

EXERCISES/DRILLS

- Cabinet level TTX on Ebola (8/04/2014)
- Four regional TTX for Maryland HCCs
- Transfer of patient from Dallas to NIH
- Hosted CDC/FEMA/DHHS TTX on Ebola
- Coordination of patient transports/evaluations
- Mariner TTX with Port of Baltimore

Maryland 2014 Ebola Activities

INITIATIVES

- Development of Regional Ebola Treatment Centers
 - Identification JHU, UMMS, MedStar WHC
 - Coordination and assistance to CDC REP teams
 - Strategies for managing medical waste
 - EMS waiver process for inter-facility transports

Maryland 2014 Ebola Activities

INITIATIVES

- EMS screening and response protocols
- Training for PSAPs in Maryland
- Ebola Call Center to actively monitor travelers
- Active/Direct Monitoring Protocols for travelers as needed
- PPE assessment
- Hospital readiness assessment

Maryland 2014 Ebola Activities

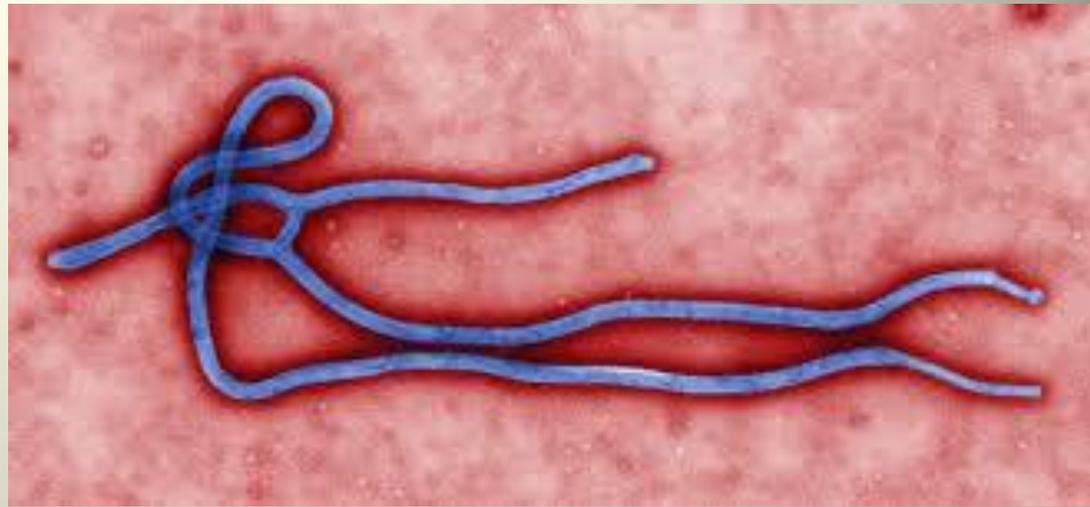
INITIATIVES

- Protocol for managing decedent remains
- Isolation/Quarantine Orders/Protocols
- Quarantine Support Plan in development
- Tracking Ebola related expenses
- Regional ESSENCE Surveillance
- Update video training for updated CDC Guidance (JHU)

Baltimore City Health Department

Ebola Activities

EBOLA



Baltimore City Fire Department



**Emerging
Infectious
Disease**

Types of PUI Responses

- **Negative Interview**
- **Positive Interview**
 - **High Risk PUI (Ambulatory)**
 - **High Risk PUI (Non-ambulatory)**

Hospital Notification

- **All providers must notify the receiving hospital via EMRC of the suspected EVD cases.**
- **EMS will receive specific instructions as to how and where they want patient delivery.**





Additional Notifications

- **Infection Control Officer will be notified on ALL suspected Ebola cases.**
- **Hazmat Office will be notified for assistance with Decontamination**
 - **Business Hours:**
 - » Hazmat Coordinator through FCB
 - **After Hours:**
 - » Duty Hazmat Officer through FCB

Personal Protective Equipment Boxed Kits (Temporary)

- Placed on each unit**
- To be used as an adjunct to other issued PPE on suspected Ebola patients**
- Only to be used on Persons Under Investigation (PUI) for Ebola.**

Personal Protective Equipment (PPE)

- N-95 mask for each member of the crew making patient contact.
- Double gloves
- Eye protection
 - (goggles and face shield)
- Tyvek suit and Gown (fluid impermeable)
- Only to be used on Persons Under Investigation (PUI) for Ebola.



Decontamination & Vehicle Clean Up

- Full PPE will be worn during provider, equipment, and vehicle decontamination
- For decontamination- use 1:10 bleach solution and wipe clean. (ALL gross contaminants should be placed in a double red bio-hazard bag for destruction)
 - 1:10 mix 1 part bleach to 9 parts of water
- These solutions should be mixed at the station and kept in separate spray bottle labeled appropriately
- Solutions should be changed daily.



Disposable Material

- All PPE will be placed into a red bio-hazard bag and double bagged.
- ALL waste generated during care of suspected Ebola patient should be placed into same bag as material listed above.
- ALL sharps are placed into secured and separate sharps container that is left at the receiving hospital.
- Upon transfer of patient, seek direction from hospital representative for location of material placement.

CDC – 10/17/14



EVD - Patient Refusals

- **Attempt to explain our desire to ensure they receive the best care at a local hospital.**
- **Be sure to follow the appropriate protocol as directed in the Maryland Medical Protocols for EMS Providers, as indicated.**
 - **Consult required**



EVD - Patient Refusals

EMS Officers

- **Again, attempt to explain our desire to ensure they receive the best care at a local hospital.**
- **The Baltimore City Health Department must be contacted if the patient still refuses service.**
- **Normal Business hours:**
 - **The BCHD Office of Acute Communicable Disease:**
 - » **410-396-4436**
- **After Hours:**
 - **The Baltimore City Health Department (BCHD) Duty Officer**
 - » **Through City Hall Operator at 410-396-3100.**

EVD - Patient Refusals

EMS Officers

- **EMS Officer will provide the following information to the Health Duty Officer:**
 - Name
 - Address
 - Date of Birth
 - Phone number
 - Sign & Symptoms with start date
 - Travel history/reason
 - Healthcare worker ?
 - Family visit ?

Ebola Preparedness at JHH

Brian T. Garibaldi, MD

Assistant Professor

Pulmonary and Critical Care Medicine

Associate Director, Osler 8 Biocontainment Unit

December 11, 2014

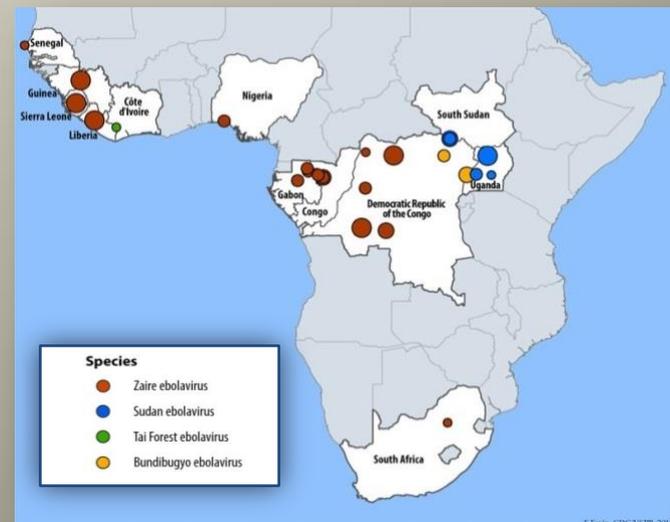


Ebola Virus

- Prototype Viral Hemorrhagic Fever Pathogen
 - Filovirus: enveloped, non-segmented, negative-stranded RNA virus
 - Severe disease with high case fatality
 - Absence of specific treatment or vaccine

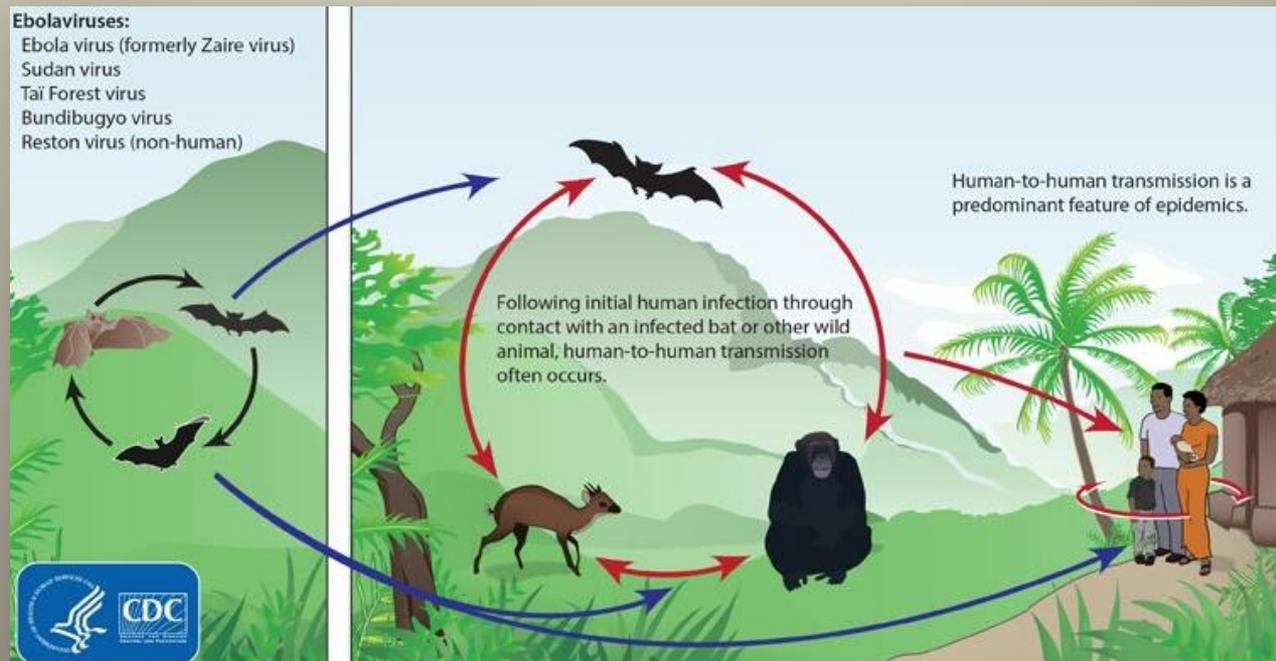


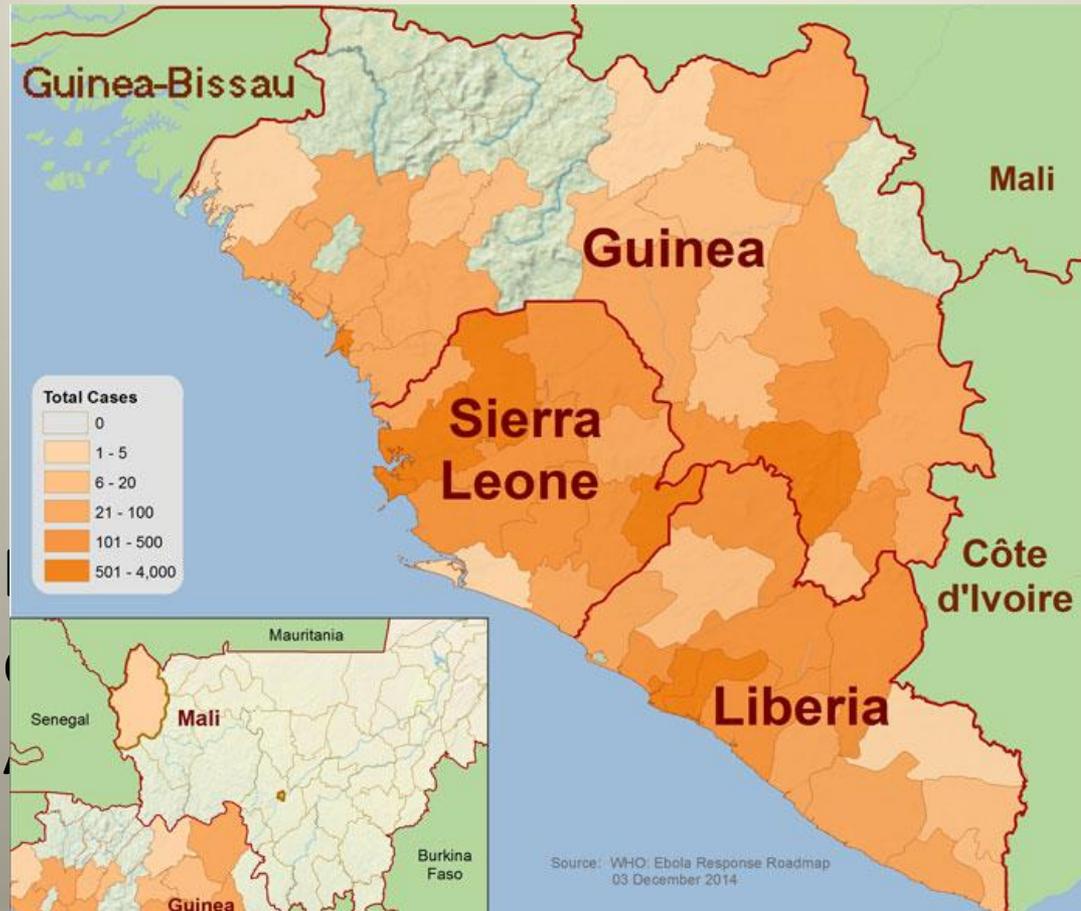
- >20 previous Ebola and Marburg virus outbreaks
- 2014 West Africa Ebola outbreak caused by *Zaire ebolavirus* species



Ebola Virus

- ❑ Zoonotic virus – bats the most likely reservoir, although species unknown
- ❑ Spillover event from infected wild animals (e.g., fruit bats, monkey, duiker) to humans, followed by human-human transmission

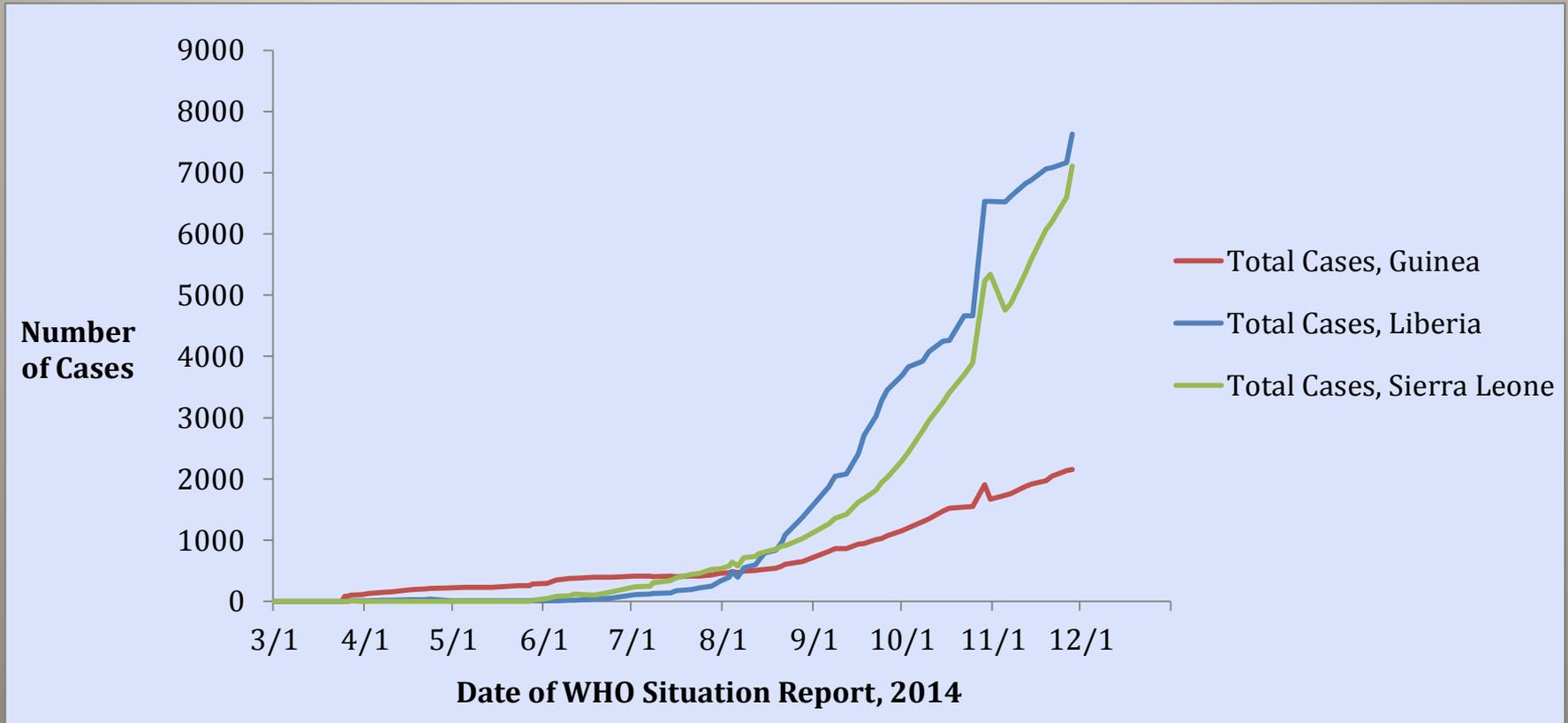




* Cumulative number of reported EVD cases to WHO

2014 Ebola Outbreak

Reported Cases in Guinea, Liberia, and Sierra Leone



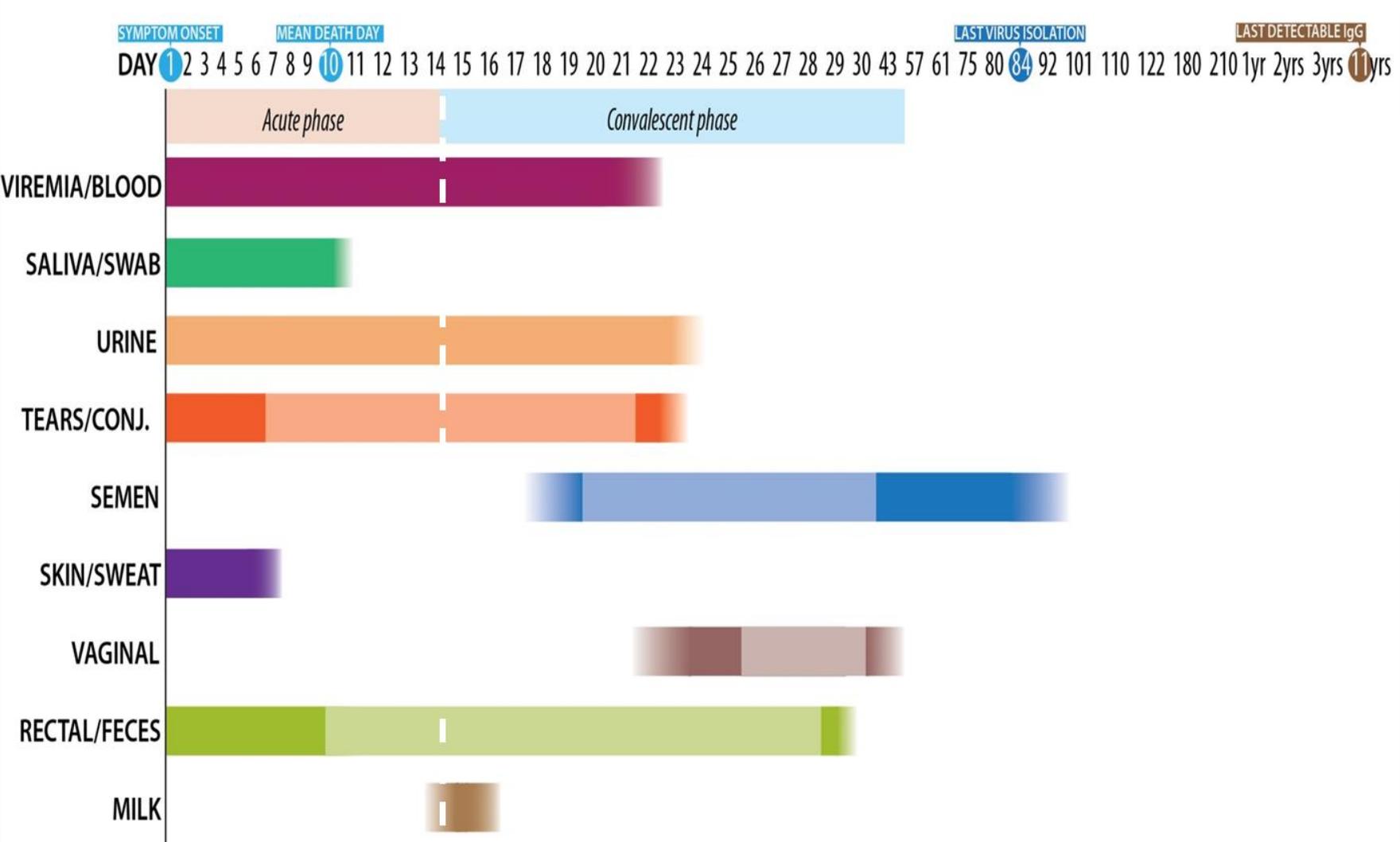
This graph shows the cumulative reported cases in Guinea, Liberia, and Sierra Leone provided in [WHO situation reports](#) beginning on March 25, 2014 through the most recent situation report on December 2, 2014.

Courtesy of CDC

Human-to-Human Transmission

- ❑ Infected persons are not contagious until onset of symptoms
- ❑ Infectiousness of body fluids (e.g., viral load) increases as patient becomes more ill
 - Remains from deceased infected persons are highly infectious
- ❑ Human-to-human transmission of Ebola virus via inhalation (aerosols) has not been demonstrated

Detection of Ebola Virus in Different Human Body Fluids over Time



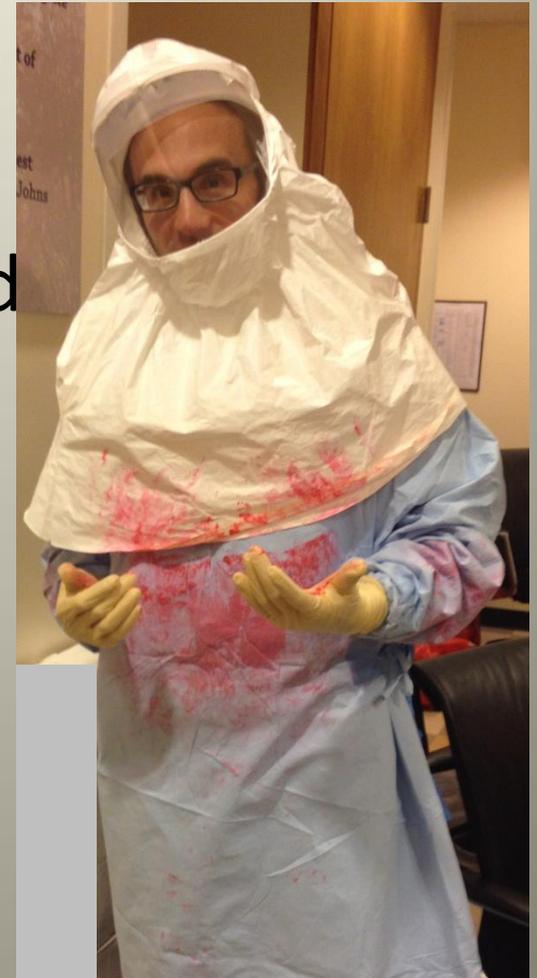
Ebola Preparations at JHH

- Preparations have been underway since the summer
- Multidisciplinary group at JHH and beyond
- Hopkins is one of 35 national sites recognized by the CDC



Training

- Screening patients to determine risk
- Infection control procedures and personal protective equipment (PPE)
- Transportation
- Laboratory specimens
- Waste disposal



Physical Preparations

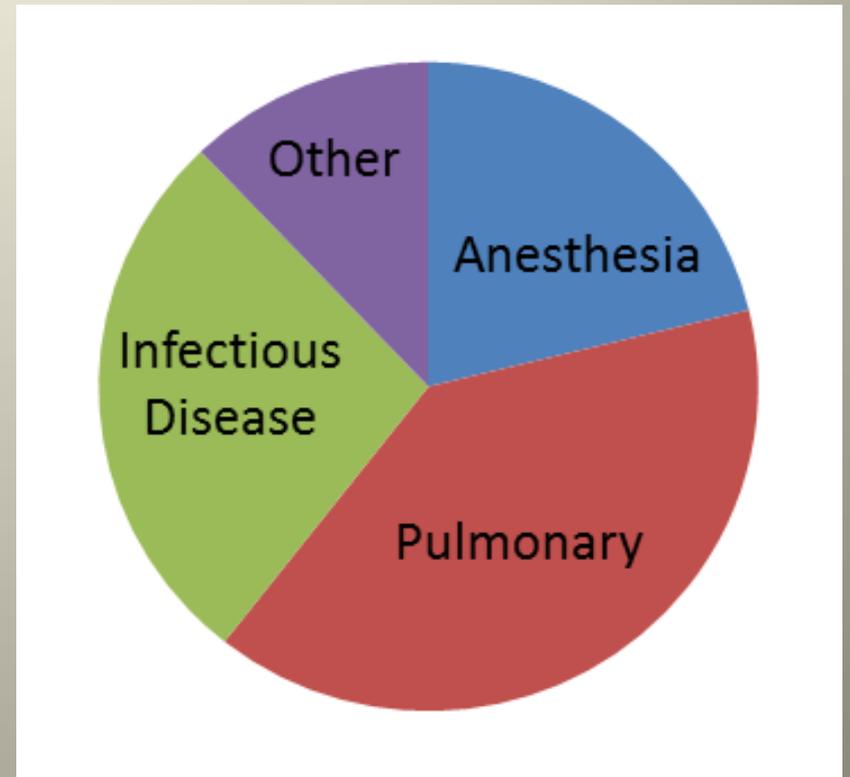
- Outpatient Center and Clinics
- Emergency Department
- Pediatric Intensive Care Unit
- Medical Intensive Care Unit
- Biocontainment Unit

CORRIDOR IS CLEAN



BCU Provider Team

- ~30 Physician Providers
- ~60 Nurses and other staff



Useful Internet Resources

- **World Health Organization (WHO):**
<http://www.who.int/csr/disease/ebola/en/>
- **Centers for Disease Control (CDC):**
<http://www.cdc.gov/vhf/ebola/>
- **Johns Hopkins Medicine:**
<http://www.hopkinsmedicine.org/ebola/>
- **Johns Hopkins Office of Critical Event and Preparedness Response (CEPAR):**
<http://www.hopkins-cepar.org/ebola/>



**Stephanie
Rawlings-Blake
Mayor**

CITY OF BALTIMORE

LEPC

**LOCAL EMERGENCY
PLANNING COMMITTEE**



**Robert Maloney
Deputy Chief**

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